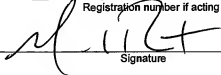


<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional)																									
<b>FY 2009</b> <small>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</small>		018563-002920US																									
Application Number 10/633,015		Filed July 31, 2003																									
For <b>SYSTEMS AND METHODS FOR REMOVING GINGIVA FROM COMPUTER TOOTH MODELS</b>																											
Art Unit 3732		Examiner Jonathan S. Werner																									
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="text-align: left;"></th> <th style="text-align: center;">Fee</th> <th colspan="2" style="text-align: center;">Small Entity Fee</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> One mon th (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$130</td> <td style="text-align: center;">\$65</td> <td style="text-align: center;">\$ 130</td> </tr> <tr> <td><input type="checkbox"/> T wo months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$490</td> <td style="text-align: center;">\$245</td> <td style="text-align: center;">\$</td> </tr> <tr> <td><input type="checkbox"/> Three mont hs (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1110</td> <td style="text-align: center;">\$555</td> <td style="text-align: center;">\$</td> </tr> <tr> <td><input type="checkbox"/> Four m onths (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1730</td> <td style="text-align: center;">\$865</td> <td style="text-align: center;">\$</td> </tr> <tr> <td><input type="checkbox"/> Five mo nths (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2350</td> <td style="text-align: center;">\$1175</td> <td style="text-align: center;">\$</td> </tr> </tbody> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>20-1430</u>.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>52,182</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;">             _____            Signature         </div> <div style="width: 45%; text-align: right;">           August 12, 2009            _____            Date         </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <u>Michael T. Rosato, Reg. No. 52,182</u>            _____            Typed or printed name         </div> <div style="width: 45%; text-align: right;"> <u>206-467-9600</u>            _____            Telephone Number         </div> </div>					Fee	Small Entity Fee		<input checked="" type="checkbox"/> One mon th (37 CFR 1.17(a)(1))	\$130	\$65	\$ 130	<input type="checkbox"/> T wo months (37 CFR 1.17(a)(2))	\$490	\$245	\$	<input type="checkbox"/> Three mont hs (37 CFR 1.17(a)(3))	\$1110	\$555	\$	<input type="checkbox"/> Four m onths (37 CFR 1.17(a)(4))	\$1730	\$865	\$	<input type="checkbox"/> Five mo nths (37 CFR 1.17(a)(5))	\$2350	\$1175	\$
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<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p>																											